MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08075

CERTIFICATE OF DEATH

Reg. Dist. No. 913

1. PLACE OF DEATH:
County Howard Co.
City or town Gibson Rural R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Gibson Rural R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Austin H Buttry

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Viola Buttry
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct 2. 1876

8. AGE: Years	Months	Days	If less than one day
70	10	1	hrs. min.

9. Birthplace Brandywine Penn (Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business Farm

FATHER
12. Name Michael Buttry
13. Birthplace Penn

MOTHER
14. Maiden name Sarah J Wilbern
15. Birthplace Penn

16. Informant Mr Frank Wilbern
Address Florence Howard Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 5 1947 (month) (day) (year)
Cemetery or crematory Liberty Baptist
Location Dishon Md

18. Funeral director Roy W Barber
Address Ellicott City Md

19. 9/6/47 (Date rec'd by registrar) 1947 E Pearl Mercer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3- 1947 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1947, to 1947
and that I last saw h. alive on Sept 1 1947.

Immediate cause of death	DURATION
Prostatic Syndrome & terminal Uremia.	2
Due to	
Due to	
Other conditions Arterio sclerosis.	2

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. H. Adams, M.D. M. D. or other
Address Damascus, Md Date signed Sept 4 1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

95c

08076

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Howard
City or town: Rural --Glenwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Rural--- Glenwood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: JACOB BANKS TRAYER

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 21, 1862

8. AGE: Years 85 | Months 7 | Days 5 | If less than one day: hrs. min.

9. Birthplace: Frederick Co. Maryland (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Jacob V. Trayer
13. Birthplace: Maryland

MOTHER
14. Maiden name: Ann V. Bennett
15. Birthplace: Maryland

16. Informant: Mrs. Minnie Beasman
Address: Glenwood, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 9-24-47 (month) (day) (year)
Cemetery ~~or crematory~~: New Market Meth.
Location: New Market, Frederick Co. Md.

18. Funeral director: C. M. Waltz
Address: Winfield, Md.

19. 9-23 1947 (Date rec'd by registrar) Minnie A. Whitaker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 21, 1947, at 12:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 20 1947, to September 21 1947
and that I last saw h.im alive on September 20 1947

	DURATION
Immediate cause of death: Acute cardiac failure	2 hours
Due to: Coronary insufficiency	4 days
Due to: Arteriosclerosis	20 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Charles S. Whitaker, M.D. (M. D. or other)
Address: Clarksville, Md. Date signed 9-23-47